

☒ Attached to Adoption Request, ADOPT-200**1** Name(s) of adopting parent(s):a. _____
b. _____

Relationship to child: _____

Your address (Skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (____) _____

Your lawyer's name (if you have one), address, telephone, and State

Bar #: _____

Federal law says the State courts must send a copy of all Adoption Orders for an Indian child to the Secretary of the Interior within 30 days. The State court must also send the following information:

2 Name of Indian child: _____

Birth date: ____/____/____ Age: _____

3 Indian child's tribe (or tribe child is eligible for): _____Enrollment #: _____ ☐ Check here if you do not know.**4** Indian's child biological mother (Name): _____

Address: _____

City: _____ State: _____ Zip: _____

☐ Check here if you do not know.☐ The biological mother attaches her request that her identity remain confidential.**5** Indian's child biological father (Name): _____

Address: _____

City: _____ State: _____ Zip: _____

☐ Check here if you do not know.☐ The biological father attaches his request that his identity remain confidential.**6** Indian's child biological Indian grandmother/s (Name/s; include Maiden name/s):

_____☐ Check here if you do not know.

Your name(s): _____

Case Number:

7 Indian's child biological Indian grandfather/s (Name/s):

☐ Check here if you do not know.

8 Name of any agency with information about this adoption: _____

9 Other people with information about the Indian child's ancestry.

List people who can connect the child to an ancestor on the California Judgment Roll:

Name	Relationship to child
a. _____	_____
b. _____	_____
c. _____	_____

10 Parental Rights End:

Check all that apply.

- a. ☐ A court ended parental rights on: ____/____/____
- b. ☐ Parent(s) voluntarily agreed in writing to end their parental rights.
- ☐ ADOPT-225 will be recorded in front of a judge and filed with the court before the adoption hearing on: ____/____/____
 - ☐ ADOPT-225 was recorded in front of a judge and is attached to ADOPT-200 (the Adoption Request).
 - ☐ ADOPT-225 was signed at least 10 days after the birth date of the Indian child.
- c. ☐ A judge has certified that he or she fully explained the terms and consequences of the parent(s) agreement to end parental rights and that the parent(s) understood.
- ☐ This certificate was filed with the court on ____/____/____; OR
 - ☐ This certificate is attached to the adoption request or will be filed before the adoption hearing.

If filed, clerk will stamp below

(Court name and street address):

Case Number:**1** I want my child to be adopted by (Name/s):

a. _____

b. _____

Relationship to Indian child, if any: (Check all that apply.)

☐ related to child (Specify): _____☐ members of child's tribe ☐ Indian parents☐ none of the above**2** The parent(s) in **1** ☐ meet ☐ do not meet the placement preference requirements of the Indian Child Welfare Act.**3** Indian child (Name): _____

Birth date: ____/____/____ Age: _____

Child's Tribe(s): _____

Enrollment #: _____

☐ Check here if not known.**4** Your name and relationship to Indian child

Name: _____

☐ mother ☐ father (Check only one. Each parent fills out a separate form).Your address (Skip this if you have a lawyer):

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Your Tribe(s): _____ Enrollment #: _____

☐ Check here if you do not know enrollment #.Your lawyer's name (if you have one), address, telephone number and State Bar #:

_____**5** I am the parent in **4** and I understand and say:

a. I agree to give up my parental rights.

b. I agree to the adoption of my child by the parent(s) listed in **1**.

c. I understand what will happen when I sign this form.

d. No one has threatened me or made promises to me to get me to sign this form.

e. I understand that until the judge signs an Adoption Order (ADOPT-215) or an order to end my parental rights, I can change my mind and my child will be returned to me.

f. I want the court to let me know if the adoption is cancelled so I can ask the court to give me back custody of my child. The court will give me back the custody of my child if the judge decides it is in my child's best interest.

g. I do not give up any of my rights under the Indian Child Welfare Act by signing this form.

h. My child was at least 10 days old when I signed this form.

Your name: _____

Case Number:

6 I ☐ do ☐ do not want the tribe to be notified of this case. And, I understand if the tribe finds out about this case, it can participate.

7 At the time of signing this form, I do not live and am not domiciled on an Indian reservation.



Signature of Indian Parent

____/____/____
Date

Type or print your name

Judge's Certification

I, Judge _____ of (county): _____
Superior or Consolidated Court for the State of California, certify:

- This form was completed in writing and recorded before me.
- I fully explained the terms and consequences to (name of parent): _____
- The parent fully understood the terms and consequences.
- The parent speaks English or used an interpreter at the hearing.

Certified:

____/____/____
Date



Signature of Judge (or Judicial Officer)

ADOPT-230 Adoption Expenses

If you are adopting your stepchild or your domestic partner's child, do not fill out this form.

1 Name(s) of adopting parent(s):

a. _____

b. _____

Relationship to child: _____

Your address (Skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

Your lawyer's name (if you have one), address, telephone, and State

Bar #: _____

2 Name of child to be adopted:

3 List services you obtained related to the adoption of the child listed in 2.

Service	Name & Address of Service Provider	How much paid or value of service	Payment Date
a. Hospital	_____ _____	\$ _____	____/____/____
b. Prenatal Care	_____ _____	\$ _____	____/____/____
c. Legal Fees	_____ _____	\$ _____	____/____/____
d. Adoption Agency Fee	_____ _____	\$ _____	____/____/____
e. Transportation	_____ _____	\$ _____	____/____/____
f. Adoption Facilitator Fees	_____ _____	\$ _____	____/____/____

If filed, clerk will stamp below

(Court name and street address):

Case Number:



Your name(s): _____

Case Number: _____

Service	Name & Address of Service Provider	How much paid or value of service	Payment Date
g. Counseling Fees	_____ _____	\$ _____	____/____/____
h. Adoption Service Provider	_____ _____	\$ _____	____/____/____
i. Other	_____ _____	\$ _____	____/____/____

If you need more space, attach a sheet of paper and write "Payment for Services" at the top.

Number of pages attached: _____

- 4 I declare under penalty of perjury under the laws of the State of California that I have listed all payments [or anything of value] I have paid, agreed to pay or were paid on my behalf related to the child I want to adopt. I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct, which means that if I lie on this form, I am guilty of a crime.



Signature of Adopting Parent

____/____/____
Date

Type or print your name



Signature of Adopting Parent

____/____/____
Date

Type or print your name

If filed, clerk will stamp below

(Court name and street address):

Case Number:

1 Name(s) of adopting parent(s):

- a. _____
b. _____

Relationship to child: _____

Your address (Skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

Your lawyer's name (if you have one), address, telephone, and State Bar #: _____

2 Information about the child

- a. Name of child [after adoption]: _____
b. Date of birth: ____/____/____ Age: _____
c. Is the child a dependent of Juvenile Court? ☐ No ☐ Yes
If "Yes", list Juvenile Court and Juvenile Case Number:
County: _____ Case No: _____

d. If the child has a lawyer, fill out below:

Name of child's lawyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ State Bar #: _____

3 The people below agree with the parent(s) in 1 about contact with the child after adoption. If the agreement is confidential, write "Confidential" instead of the person's name.

Name	Relationship to Child	Type of Contact (circle all that apply):					
		Telephone	Letter	Visits	Share Info	E-mail	Other
a.							
b.							
c.							
d.							
e.							
f.							
g.							

If other relatives or other types of contact, attach a separate sheet and write "Other relatives/Types of contacts".

Number of pages attached: _____

Case Number: _____

Your name(s): _____

- 4 If you have a signed, written agreement about Contact After Adoption, attach a copy.
Number of pages attached _____

- 5 **Notice**
After the judge grants the "Adoption Request" and approves this agreement, the adoption is still valid.
It can never be cancelled or changed even if one of the people signing this agreement:
- does not follow this Agreement, and/or
 - files ADOPT-315 (to change, end or enforce this agreement)
- When the adopted child turns 18, he or she can undo all or part of this agreement.

- 6 Everyone involved in this agreement must sign below (including the child, if over 12 and the child's attorney).

➤ _____ ____/____/____ _____
Sign your name Date Type or print your name & relationship to child

➤ _____ ____/____/____ _____
Sign your name Date Type or print your name & relationship to child

➤ _____ ____/____/____ _____
Sign your name Date Type or print your name & relationship to child

➤ _____ ____/____/____ _____
Sign your name Date Type or print your name & relationship to child

➤ _____ ____/____/____ _____
Sign your name Date Type or print your name & relationship to child

➤ _____ ____/____/____ _____
Sign your name Date Type or print your name & relationship to child

If more relatives need to sign, attach a separate sheet and write "Signatures of Other Relatives".
Number of pages attached: _____

____/____/____ ➤ _____
Date Signature of Judge (or Judicial Officer)

If filed, clerk will stamp below

1 Write your information below:

Your name(s) and relationship(s) to child:

a. _____

b. _____

Your address (Skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

Your lawyer's name (if you have one), address, telephone, and State

Bar #: _____

2 Name of child: (if known) _____

Child's adopted name: (if known) _____

Date of birth of adopted child: ____/____/____ Age: _____

3 I / We want to (check one): ☐ Enforce ☐ Change ☐ End
an existing Contract After Adoption Agreement.

(Court name and street address):

Case Number:

The judge will not look at your request unless you and the other people who signed ADOPT-310 first try to come to an agreement using mediation or some other form of dispute resolution.

4 List all people who signed the original Contact After Adoption Agreement. [ADOPT-310]
If the agreement was confidential, write "Confidential" instead of the person's name.

List name and relationship to child:

a. _____

c. _____

b. _____

d. _____

Notice to person served with this form:

- The adoption of the child named in ② is still valid.
- It can never be cancelled or changed.
- If you disagree with this form, you must file ADOPT-320 within 30 days after receiving this form.

Your name(s): _____

5 Attach to this request:

- A copy of ADOPT-310 [Contact After Adoption Agreement]
- A copy of the signed, written agreement about Contact After Adoption, if there is one
- Proof of Service showing this form was served to each person in **3** along with a blank answer form [ADOPT-320].
- If any person in **3** was not served, you must explain in writing why they were not served.

Check below, if true:

- ☐ I do not know the names of the other people who signed the original Contact After Adoption Agreement, so I could not serve them.
- ☐ Other people who signed the original Contact After Adoption Agreement, [ADOPT-310] agree with what I am asking in this request and have signed ADOPT-320.

6 Remember: the judge will not look at your request until all people who signed ADOPT-310 have tried to come to an agreement using mediation or other form of dispute resolution.**7** Check one of the boxes below:

I/We ask the court to:

- a. ☐ Enforce ADOPT-310. Explain how the original agreement has not been followed:

If you need more space, attach a sheet of paper. Write "Enforce 310" at top.

- b. ☐ Change ADOPT-310. Describe the changes you want and how these changes will be good for the child:

If you need more space, attach a sheet of paper. Write "Change 310" at top.

- c. ☐ End ADOPT-310. Explain why you want to end the Agreement and how ending the Agreement will be good for the child:

If you need more space, attach a sheet of paper. Write "End 310" at top.

Number of pages attached: _____

8 I/We declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct, which means if I lie on this form, I am guilty of a crime.

Applicant signs here

____/____/____
Date_____
Type or print your name

Applicant signs here

____/____/____
Date_____
Type or print your name

**Answer to Request to: Enforce,
Change, End Contact After
Adoption Agreement**

If filed, clerk will stamp below

(Court name and street address):

Case Number:**1** This is my answer to the request to: (check one)☐ Enforce ☐ Change ☐ End

an existing Contact After Adoption Agreement.

a. Name(s) of person who filed ADOPT-315 and their
relationship(s) to child: _____

b. I recieved a copy of the signed, written agreement, ADOPT-310.

2 Name(s) of person(s) who asked for this order:

a. _____

b. _____

Your address (Skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

Your lawyer's name (if you have one), address, telephone, and State
Bar #: _____**3** Child's adopted name: (if you know) _____

Date of birth of adopted child: ____/____/____ Age: _____

Child's date of adoption: (if you know) ____/____/____

4 Check all that apply:a. ☐ I agree with the requests listed in ADOPT-315 and think the requests are in the child's best interest.b. ☐ I do not agree with the requests in ADOPT-315 because:

If you need more space, attach a sheet of paper. Write "Do Not Agree with 315" at top.

Number of pages attached: _____



Your signature

_____/____/____
Date_____
Type or print your name

**Judge's Order to: Enforce, Change,
End Contact After Adoption
Agreement**

If filed, clerk will stamp below

(Court name and street address):

Case Number:**1** Name(s) of person(s) who asked for this order:

- a. _____
b. _____

Your address (Skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

Your lawyer's name (if you have one), address, telephone, and State
Bar #: _____
_____**2** Name of adopted child:

Date of birth of adopted child: ____/____/____ Age: _____

3 People present in court today (date): ____/____/____ in:

Dept.: _____ Div.: _____ Room: _____

Judge: _____

- ☐ Adopting parent(s) ☐ Lawyer for adopting parent(s) ☐ Child ☐ Child's lawyer
☐ Parent keeping parental rights [stepparent / domestic partner]: _____
☐ Not present: _____
☐ Other people present (List name and relationship to child):
a. _____ c. _____
b. _____ d. _____

Judge will fill out grey section below:

4 The judge has reviewed:☐ ADOPT- 310 ☐ ADOPT-315 ☐ ADOPT-320 ☐ other evidence ☐ testimonyAll people listed in ADOPT-315 have tried to come to an agreement using mediation or some other form of
dispute resolution. [Fam. Code § 8714.7]**5** The judge finds and orders: (Check all that apply)

Enforcement:

- a. ☐ The Contact After Adoption Agreement must be enforced.
b. ☐ The Contact After Adoption Agreement must not be enforced because:
☐ the person who asked the judge to enforce the Agreement has not tried to solve the problem using
mediation or similar method.
☐ Enforcing the Agreement is not in the child's best interest.
☐ Other: _____



Your name(s): _____

6**Change or End the Agreement:**

- a. The judge approves the request to ☐ change ☐ end the Contact After Adoption Agreement because:
1. ☐ All people involved, including the child (if 12 or older) agreed in writing with the requests listed in ADOPT-315,
 2. ☐ It is in the best interest of the child,
 3. ☐ There have been important changes since the original Agreement was approved, and
 4. ☐ The applicant has participated, or tried to participate in ways to solve the problem, such as mediation.
- b. The judge does not approve the request to ☐ change ☐ end the Contact After Adoption Agreement because:
1. ☐ It is not in the best interest of the child.
 2. ☐ No important changes have happened since the original Agreement was approved.
 3. ☐ The applicant has not tried to participate in ways to solve the problem, such as mediation.
- c. The judge approves the request to ☐ change ☐ end the Contact After Adoption Agreement as amended. A new ADOPT-310 will be filed.

7**More time to Study or Evaluate**

- a. ☐ The judge needs more time to make a decision.
- b. ☐ The judge orders further study or evaluation of the issues in the request because there is clear and convincing evidence that:
1. ☐ It is the only way to protect or promote the child's best interest, and
 2. ☐ It will not disturb the stability of the child's home.
- c. ☐ The study or evaluation must look at the following:
1. ☐ If the requests in ADOPT-315 will benefit the child
 2. ☐ The child's wishes
 3. ☐ The child's mental health
 4. ☐ Other: _____
- d. ☐ The study or evaluation will be done by (individual or agency): _____
The people involved must cooperate with this individual or agency.
- e. ☐ The cost of the study or evaluation and written report will be paid by:
Name(s) of person to pay: _____
Relationship to child: _____
- f. ☐ The judge and all people involved in this case will get a complete report by: ____/____/____
- g. ☐ The judge will review the report and make a decision by: ____/____/____
- h. ☐ The people involved in this case must return to court on: ____/____/____ at: _____ ☐ a.m. ☐ p.m.

____/____/____
Date_____
Signature of Judge (or Judicial Officer)